

**TPL Financial Proposal Sheet - BASE CONTRACT TERM**  
 (November 1, 2009 - June 30, 2011)  
**Maximization of Third Party Liability Recoveries for the State of Maryland**

Appendix A1

**A1. PROJECT WORK PLAN**

|                   | <u><b>Fixed Fee (Dollars)</b></u> |   | <u><b>Units</b></u> |   | <b>Total Cost</b> |
|-------------------|-----------------------------------|---|---------------------|---|-------------------|
| Project Work Plan | \$ _____<br>ONE-TIME FEE          | X | <u>1</u>            | = | \$ _____          |
|                   |                                   |   | A1 - SUBTOTAL       |   | \$ _____          |

**A2. DATA MATCH – COST AVOIDANCE**

|   | <u><b>Fixed Fee (Dollars)</b></u> |   | <u><b>Units</b></u> |   | <b>Total Cost</b> |
|---|-----------------------------------|---|---------------------|---|-------------------|
| Eligibility File Review – Data Match – Fixed dollar fee, including processes in Pt. 1, Sect. 5, A2(1), for Medicaid recipients to be completed 10/31/2009   | \$ _____<br>ONE-TIME FEE          | X | <u>1</u><br>REVIEW  | = | \$ _____          |
| Monthly Data Match <u>NEW MEDICAID ENROLLEES</u> Fixed dollar fee, including processes in Pt. 1, Sect. 5, A2 (2). EFFECTIVE 11/01/2009 to 06/30/2011  | \$ _____<br>PER MONTH             | X | <u>20</u><br>MONTHS | = | \$ _____          |
| Quarterly Data Match <u>1/10/2010, 4/10/2010, 7/10/2010, 10/10/2010, 1/10/2011, 4/10/2011</u> Fixed dollar fee, including processes in Pt. 1, Sect. 5, A2 (3). EFFECTIVE 11/01/2009 to 06/30/2011 | \$ _____<br>QUARTERLY             | X | <u>6</u><br>PERIODS | = | \$ _____          |
|   |                                   |   | A2 - SUBTOTAL       |   | \$ _____          |

**GENERAL NOTES – APPLICABLE TO ALL CONTRACT TERMS (Base and Option Years)**

1. The Department does not guarantee Maryland Medical Assistance recipient enrollment numbers. The actual recipient enrollment numbers may be more or less than these amounts.
2. The current Maryland Medicaid population is approximately 780,000 enrollees on average.
3. The total amount of recoveries is currently estimated to be \$36,000,000 annually.

### A3. CLAIMS IDENTIFICATION, RECOVERY, AND REPORTING

|   | <u>Fixed Fee (Dollars)</u>    |   | <u>Estimated Recovery Amount</u> |   | Total Cost           |
|---|-------------------------------|---|----------------------------------|---|----------------------|
| Identified Commercial or TRICARE Coverage, Fixed percentage rate, including processes in Pt. 1, Sect. 5, A3 (1), for estimated recoveries of \$24.5 million for the contract period 11/01/2009 to 06/30/2011.   | <u>          </u> %<br>% RATE | X | 24.5 Million                     | = | \$ <u>          </u> |
| Medicare A&B, Fixed percentage rate, including processes in Pt. 1, Sect. 5, A3 (2) all inclusive of the processes, for estimated recoveries of \$24.5 million for the contract period 11/01/2009 to 06/30/2011. | <u>          </u> %<br>% RATE | X | 24.5 Million                     | = | \$ <u>          </u> |
|   |                               |   | A3 – SUBTOTAL                    |   | \$ <u>          </u> |

### B. AUDITS

|   | <u>Fixed Fee (Dollars)</u>  |   | <u>Estimated Recovery Amount</u> |   | Total Cost           |
|---|---|---|----------------------------------|---|----------------------|
| Hospital Credit Balance<br>Fixed percentage rate, including processes in Pt. 1, Sect. 5, B.(1)a-i for estimated recoveries of \$10.5 million for the contract period 11/01/2009 to 06/30/2011 (approx. \$6M annually) | \$ <u>          </u> + <u>          </u> %<br>PER AUDIT<br>BASE<br>AMOUNT | X | 10.5 Million                     | = | \$ <u>          </u> |
| Long Term Care<br>Fixed percentage rate, including processes in Pt. 1, Sect. 5, B.(2) , for estimated recoveries of \$3.5 million for the contract period 11/01/2009 to 06/30/2011 (approx. \$2 M annually)           | \$ <u>          </u> + <u>          </u> %<br>PER AUDIT<br>BASE<br>AMOUNT | X | 3.5 Million                      | = | \$ <u>          </u> |
|   |   |   | B – SUBTOTAL                     |   | \$ <u>          </u> |

C. TRANSITION OF DATA\*\*

|                              | <u>Fixed Fee (Dollars)</u> |   | <u>Units</u> |   | Total Cost |
|------------------------------|----------------------------|---|--------------|---|------------|
| BEGINNING TRANSITION OF DATA | \$ _____<br>ONE TIME       | X | 1            | = | \$ _____   |
| ENDING TRANSITION OF DATA    | \$ _____<br>ONE TIME       | X | 1            | = | \$ _____   |
|                              |                            |   | C - SUBTOTAL |   | \$ _____   |

\*\* NOTE: If the winning bidder is the current contractor then, C does not apply. The uploading/downloading of data only applies when there will be an exchange of data from one contractor to another contractor at the beginning and/or end of the base and/or option period.

TPL TOTAL BASE CONTRACT PERIOD PROPOSED COST (A1 + A2 + A3 + B + C) \$ \_\_\_\_\_  
FOR TPL BASE PERIOD

THE "TPL TOTAL BASE CONTRACT PERIOD PROPOSED COST", SPECIFIED ABOVE, IS BASED ON MODEL QUANTITIES AND WILL BE USED SOLELY FOR PRICE EVALUATION, COMPARISON AND SELECTION FOR RECOMMENDATION FOR AWARD. THE ACTUAL AMOUNT TO BE PAID TO THE CONTRACTOR SHALL BE CALCULATED USING THE FIRM FIXED PRICES, RATES AND UNIT PRICES SPECIFIED ON THE FINANCIAL PROPOSAL SHEET.

**TPL Financial Proposal Sheet – OPTION PERIOD 1**  
 (July 1, 2011-June 30, 2012)  
**Maximization of Third Party Liability Recoveries for the State of Maryland**

**NOTES**

- a. The Department does not guarantee it will extend the TPL contract beyond the Base Contract Term.  
 b. All notes stated in the Base Contract Term Section of the Financial Proposal Sheet apply to similar services of the Option Period, except as noted above.

**A1. DATA MATCH – COST AVOIDANCE**

|  | <u><b>Fixed Fee (Dollars)</b></u> |   | <u><b>Units</b></u> |   | <u><b>Total Cost</b></u> |
|--|-----------------------------------|---|---------------------|---|--------------------------|
| Eligibility File Review - Fixed dollar fee, including processes in Pt. 1, Sect. 5, A2(1), for Medicaid recipients to be completed 07/31/2011                                     | \$ _____<br>ONE-TIME FEE          | X | <u>1</u><br>REVIEW  | = | \$ _____                 |
| Monthly Data Match <u>NEW MEDICAID ENROLLEES</u> Fixed dollar fee, including processes in Pt. 1, Sect. 5, A2 (2). EFFECTIVE 07/01/2011 to 06/30/2012                             | \$ _____<br>PER MONTH             | X | <u>12</u><br>MONTHS | = | \$ _____                 |
| Quarterly Data Match <u>7/10/2011, 10/10/2011, 1/10/2012 AND 4/10/2012</u> , Fixed dollar fee, including processes in Pt. 1, Sect. 5, A2 (3). EFFECTIVE 07/01/2011 to 06/30/2012 | \$ _____<br>QUARTERLY             | X | <u>4</u><br>PERIODS | = | \$ _____                 |
|  |                                   |   | A1 – SUBTOTAL       |   | \$ _____                 |

**A2. CLAIMS IDENTIFICATION, RECOVERY, AND REPORTING**

|   | <u><b>Fixed Fee (Dollars)</b></u> |   | <u><b>Estimated Recovery Amount</b></u> |   | <u><b>Total Cost</b></u> |
|---|-----------------------------------|---|---|---|--------------------------|
| Identified Commercial or TRICARE Coverage, Fixed percentage rate, including processes in Pt. 1, Sect. 5, A3 (1), for estimated recoveries of \$14 million for the contract period 07/01/2011 to 06/30/2012.   | _____%<br>% RATE                  | X | 14 Million                              | = | \$ _____                 |
| Medicare A&B, Fixed percentage rate, including processes in Pt. 1, Sect. 5, A3 (2) all inclusive of the processes, for estimated recoveries of \$14 million for the contract period 07/01/2011 to 06/30/2012. | _____%<br>% RATE                  | X | 14 Million                              | = | \$ _____                 |
|   |                                   |   | A2 – SUBTOTAL                           |   | \$ _____                 |

## B. AUDITS

|  | <u>Fixed Fee (Dollars)</u>                      |   | <u>Estimated Recovery Amount</u> |   | <u>Total Cost</u> |
|--|---|---|----------------------------------|---|-------------------|
| 1. Hospital Credit Balance Fixed percentage rate, including processes in Pt. 1, Sect. 5, B.(1) , for estimated recoveries of \$6 million for the contract period 07/01/2011 to 06/30/2012. | \$_____ + _____%<br>PER AUDIT<br>BASE<br>AMOUNT | X | 6 Million                        | = | \$_____           |
| Long Term Care<br>Fixed percentage rate, including processes in Pt. 1, Sect. 5, B.(2) , for estimated recoveries of \$2 million for the contract period 07/01/2011 to 06/30/2012.          | \$_____ + _____%<br>PER AUDIT<br>BASE<br>AMOUNT | X | 2 Million                        | = | \$_____           |
|  |   |   | B – SUBTOTAL                     |   | \$_____           |

TPL TOTAL OPTION PERIOD 1 PROPOSED COST

(A1 + A2 + B )

\$ \_\_\_\_\_  
TOTAL FOR TPL OPTION PERIOD 1

THE "TPL TOTAL OPTION PERIOD 1 PROPOSED COSTS" SPECIFIED ABOVE IS BASED ON MODEL QUANTITIES AND WILL BE USED SOLELY FOR PRICE EVALUATION, COMPARSION AND SELECTION FOR RECOMMENDATION FOR AWARD. THE ACTUAL AMOUNT TO BE PAID TO THE CONTRACTOR SHALL BE CALCULATED USING THE FIRM FIXED PRICES, RATES AND UNIT PRICES SPECIFIED ON THE FINANCIAL PROPOSAL SHEET.

TPL Financial Proposal Sheet – OPTION PERIOD 2  
(July 1, 2012-June 30, 2013)

APPENDIX A1 cont.

Maximization of Third Party Liability Recoveries for the State of Maryland

**NOTES**

- a. The Department does not guarantee it will extend the TPL contract beyond the Base Contract Term.
- b. All notes stated in the Base Contract Term Section of the Financial Proposal Sheet apply to similar services of the Option Period, except as noted above.

**A1. DATA MATCH – COST AVOIDANCE**

|  | <u>Fixed Fee (Dollars)</u> |   | <u>Units</u>  |   | <u>Total Cost</u> |
|--|----------------------------|---|---------------|---|-------------------|
| Eligibility File Review – Data Match - Fixed dollar fee, including processes in Pt. 1, Sect. 5, A2(1), for Medicaid recipients to be completed 07/31/2012                    | \$ _____<br>ONE-TIME FEE   | X | 1<br>REVIEW   | = | \$ _____          |
| Monthly Data Match <u>NEW MEDICAID ENROLLEES</u> Fixed dollar fee, including processes in Pt. 1, Sect. 5, A2 (2). EFFECTIVE 07/01/2012 to 06/30/2013                         | \$ _____<br>PER MONTH      | X | 12<br>MONTHS  | = | \$ _____          |
| QUARTERLY Data Match <u>7/10/2012, 10/10/2012, 1/10/2013 AND 4/10/13</u> Fixed dollar fee, including processes in Pt. 1, Sect. 5, A2 (3). EFFECTIVE 07/01/2012 to 06/30/2013 | \$ _____<br>QUARTERLY      | X | 4<br>PERIODS  | = | \$ _____          |
|  |                            |   | A1 – SUBTOTAL |   | \$ _____          |

**A2. CLAIMS IDENTIFICATION, RECOVERY, AND REPORTING**

|  | <u>Fixed Fee (Dollars)</u> |   | <u>Estimated Recovery Amount</u> |   | <u>Total Cost</u> |
|--|----------------------------|---|----------------------------------|---|-------------------|
| Identified Commercial or TRICARE Coverage, Fixed percentage rate, including processes in Pt. 1, Sect. 5, A3 (1), for estimated recoveries of \$14 million for the contract period 07/01/2012 to 06/30/2013.  | _____%<br>% RATE           | X | 14 Million                       | = | \$ _____          |
| Medicare A&B, Fixed percentage rate, including processes in Pt. 1, Sect. 5, A3 (2)all inclusive of the processes, for estimated recoveries of \$14 million for the contract period 07/01/2012 to 06/30/2013. | _____%<br>% RATE           | X | 14 Million                       | = | \$ _____          |
|  |                            |   | A2 – SUBTOTAL                    |   | \$ _____          |

## B. AUDITS

|  | <u>Fixed Fee (Dollars)</u>                      |   | <u>Estimated Recovery Amount</u> |   | <u>Total Cost</u> |
|--|---|---|----------------------------------|---|-------------------|
| 1. Hospital Credit Balance Fixed percentage rate, including processes in Pt. 1, Sect. 5, B.(1) , for estimated recoveries of \$6 million for the contract period 07/01/2012 to 06/30/2013. | \$_____ + _____%<br>PER AUDIT<br>BASE<br>AMOUNT | X | 6 Million                        | = | \$_____           |
| 2. Long Term Care<br>Fixed percentage rate, including processes in Pt. 1, Sect. 5, B.(2) , for estimated recoveries of \$2 million for the contract period 07/01/2012 to 06/30/2013.       | \$_____ + _____%<br>PER AUDIT<br>BASE<br>AMOUNT | X | 2 Million                        | = | \$_____           |
|  |   |   | B – SUBTOTAL                     |   | \$_____           |

TPL TOTAL OPTION PERIOD 2 PROPOSED COST

(A1 + A2 + B )

\$ \_\_\_\_\_  
TOTAL FOR TPL OPTION PERIOD 2

TPL TOTAL PROPOSED COSTS

(BASE PERIOD+OPTION PERIOD 1+OPTION PERIOD 2)

\$ \_\_\_\_\_  
BASIS FOR AWARD

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed or Typed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Tax ID #

\_\_\_\_\_  
City, State and Zip Code

## (POS) PHARMACY Financial Proposal Sheet - BASE CONTRACT TERM

APPENDIX A2

(November 1, 2009 - June 30, 2011)

## Maximization of Third Party Liability Recoveries for the State of Maryland

## A. Point of Sale (POS) Pharmacy cost avoidance

|   | <u>Fixed Fee (Dollars)</u> |   |   |   | Total Cost |
|---|----------------------------|---|---|---|------------|
| Real-time/point of sale pharmacy cost avoidance prior to the claim being adjudicated by the POS Vendor, including processes in Pt. 1, Sect. 5, A4. The Contractor shall develop a cost/pricing structure that clearly identifies all costs for the POS pharmacy cost avoidance. |                            |   |   |   |            |
| Costs should be identified as:  |                            |   |   |   |            |
| 1. Start-up/implementation costs  | \$ _____<br>ONE-TIME FEE   | X | One (1) Unit  | = | \$ _____   |
| 2. Real-time cost avoidance operations  | _____ %<br>% FEE/ RATE     | X | 10% Average Cost<br>Avoidance Rate X<br>2,412,800 (FY 08 Total<br>Pharmacy Claims) X<br>\$100.87 (average cost<br>per Rx/claim) | = | \$ _____   |
|   |                            |   | A - SUBTOTAL  |   | \$ _____   |

(A.1.) \$ \_\_\_\_\_

(A.2.) \$ \_\_\_\_\_

(POS) PHARMACY TOTAL BASE CONTRACT PERIOD PROPOSED COST
TOTAL FOR (POS) PHARMACY  
BASE PERIOD

THE "(POS) PHARMACY TOTAL BASE CONTRACT PERIOD PROPOSED COST", SPECIFIED ABOVE, IS BASED ON MODEL QUANTITIES AND WILL BE USED SOLELY FOR PRICE EVALUATION, COMPARISON AND SELECTION FOR RECOMMENDATION FOR AWARD. THE ACTUAL AMOUNT TO BE PAID TO THE CONTRACTOR SHALL BE CALCULATED USING THE FIRM FIXED PRICES, RATES AND UNIT PRICES SPECIFIED ON THE FINANCIAL PROPOSAL SHEET.



**(POS) PHARMACY Financial Proposal Sheet – OPTION PERIOD 1**  
**(July 1, 2011-June 30, 2012)**  
**Maximization of Third Party Liability Recoveries for the State of Maryland**

**NOTES**

(POS) Pharmacy Will not be the basis for award

The Department does not guarantee it will extend the TPL contract beyond the Base Contract Term.

**A. Point of Sale (POS) Pharmacy cost avoidance**

|   |  |   |   |   | <b><u>Total Cost</u></b> |
|---|--|---|---|---|--------------------------|
| Real-time/point of sale pharmacy cost avoidance prior to the claim being adjudicated by the POS Vendor, including processes in Pt. 1, Sect. 5, A4. The Contractor shall develop a cost/pricing structure that clearly identifies all costs for the POS pharmacy cost avoidance. |  |   |   |   |                          |
| 1. Real-time cost avoidance operations  | $\frac{\quad}{\quad}\%$<br>% FEE/ RATE | X | 10% Average Cost<br>Avoidance Rate X<br>2,412,800 (FY 08 Total<br>Pharmacy Claims) X<br>\$100.87 (average cost<br>per Rx/claim) | = | \$ _____                 |
|   |  |   | A – SUBTOTAL  |   | \$ _____                 |

(POS) PHARMACY TOTAL OPTION PERIOD 1 PROPOSED COST

(A.1.)

\$ \_\_\_\_\_  
TOTAL FOR (POS) PHARMACY

OPTION PERIOD 1

THE “ (POS) PHARMACY TOTAL OPTION PERIOD 1 PROPOSED COSTS” SPECIFIED ABOVE IS BASED ON MODEL QUANTITIES AND WILL BE USED SOLELY FOR PRICE EVALUATION, COMPARISON AND SELECTION FOR RECOMMENDATION FOR AWARD. THE ACTUAL AMOUNT TO BE PAID TO THE CONTRACTOR SHALL BE CALCULATED USING THE FIRM FIXED PRICES, RATES AND UNIT PRICES SPECIFIED ON THE FINANCIAL PROPOSAL SHEET.

(POS) Pharmacy will not be the basis for award  
The Department does not guarantee it will extend the TPL contract beyond the Base Contract Term.

| Pharmacy Cost Avoidance   |                        |   |  |   | Total Cost |
|---|------------------------|---|--|---|------------|
| Real-time/point of sale pharmacy cost avoidance prior to the claim being adjudicated by the POS Vendor, including processes in Pt. 1, Sect. 5, A4. The Contractor shall develop a cost/pricing structure that clearly identifies all costs for the POS pharmacy cost avoidance. |                        |   |  |   |            |
| 1. Real-time cost avoidance operations  | _____ %<br>% FEE/ RATE | X | 10% Average Cost Avoidance Rate X 2,412,800 (FY 08 Total Pharmacy Claims) X \$100.87 (average cost per Rx/claim) | = | \$ _____   |
|   |                        |   | A - SUBTOTAL   |   | \$ _____   |

(POS) PHARMACY TOTAL PROPOSED COSTS (BASE PERIOD+OPTION PERIOD 1+OPTION PERIOD 2) \$ \_\_\_\_\_  
Total For (POS) Contract Term  
Pharmacy (Base & Two Option Years)

City, State and Zip Code